

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Florida New Majority		3. FEC Identification Number C C90011438
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 6127NW 7th Ave		
(c) City, State and ZIP Code Miami FL 33127		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
1	0

 /

D	D
2	3

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 /

D	D
2	4

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

										.00
--	--	--	--	--	--	--	--	--	--	-----

7. TOTAL INDEPENDENT EXPENDITURES.....

										1256.40
--	--	--	--	--	--	--	--	--	--	---------

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Robert Jones

10/25/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 / 5

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Florida New Majority

Full Name (Last, First, Middle Initial) of Payee
Sarai Portillo

Date

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0Mailing Address
6127 NW 7th Ave

Amount

100.00

City State Zip Code
Miami FL 33127Purpose of Expenditure
Canvass Field ManagementCategory/
TypeOffice Sought: ☒ House State: FL
House ☐ Senate District: 25
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Jose GarciaCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2010.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Jonathan Freid

Date

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0Mailing Address
6127 NW 7th Ave

Amount

50.00

City State Zip Code
Miami FL 33127Purpose of Expenditure
ConsultantCategory/
TypeOffice Sought: ☒ House State: FL
House ☐ Senate District: 25
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Jose GarciaCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2010.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Hector Garcia

Date

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0Mailing Address
6127 7th Ave.

Amount

134.00

City State Zip Code
Miami FL 33127Purpose of Expenditure
Canvass ManagerCategory/
TypeOffice Sought: ☒ House State: FL
House ☐ Senate District: 25
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Jose GarciaCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2010.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

284.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 5**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Florida New Majority

Full Name (Last, First, Middle Initial) of Payee
Remy Bornelus

Date

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0Mailing Address
1350 SW 4th

Amount

90.40

City

State

Zip Code

Homestead

FL

33030

Purpose of Expenditure
CanvasserCategory/
Type

Office Sought:

☒ House

State: FL

House

☐ Senate☐ President

District: 25

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Jose GarciaCalendar Year-To-Date Per Election
for Office Sought

2010.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Annot Gesiner

Date

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Mailing Address

1350 SW 4th Street

Amount

90.40

City

State

Zip Code

Homestead

FL

33030

Purpose of Expenditure
CanvasserCategory/
Type

Office Sought:

☒ House

State: FL

House

☐ Senate☐ President

District: 25

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Jose GarciaCalendar Year-To-Date Per Election
for Office Sought

2010.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Elvira Gomez

Date

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Mailing Address

1350 SW 4th Street

Amount

90.40

City

State

Zip Code

Homestead

FL

33030

Purpose of Expenditure
CanvasserCategory/
Type

Office Sought:

☒ House

State: FL

House

☐ Senate☐ President

District: 25

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Jose GarciaCalendar Year-To-Date Per Election
for Office Sought

2010.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

271.20

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10931761723
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 / 5

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Florida New Majority

Full Name (Last, First, Middle Initial) of Payee
Jovoncric Jones

Date

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Mailing Address
1350 SW 45h Street

Amount

90.40

City State Zip Code
Homestead FL 33030

Purpose of Expenditure
Canvasser

Category/
Type

Office Sought: ☒ House State: FL
House ☐ Senate District: 25
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
Jose Garcia

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2010.00

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee
William Rice

Date

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Mailing Address
1350 SW 4th Street

Amount

90.40

City State Zip Code
Homestead FL 33030

Purpose of Expenditure
Canvasser

Category/
Type

Office Sought: ☒ House State: _____
House ☐ Senate District: 25
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
Jose Garcia

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2010.00

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Ernesto Rosales

Date

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Mailing Address
1350 SW 4th Street

Amount

90.40

City State Zip Code
Homestead FL 33030

Purpose of Expenditure
Canvasser

Category/
Type

Office Sought: ☒ House State: FL
House ☐ Senate District: 25
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
Jose Garcia

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2010.00

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

271.20

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 / 5

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Florida New Majority

Full Name (Last, First, Middle Initial) of Payee

Jesus Izquierdo

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	8

Mailing Address

6127 NW 7th Ave

Amount

280.00

City

Miami

State

FL

Zip Code

33127

Purpose of Expenditure

Canvass Management

Category/
Type

Office Sought:

☒

House

State: FL

House

☐

Senate

☐

President

District: 25

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Jose Garcia

Calendar Year-To-Date Per Election
for Office Sought

2010.00

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

We Count

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	1	0

Mailing Address

1350 SW 4th Street

Amount

150.00

City

Homestead

State

FL

Zip Code

33030

Purpose of Expenditure

Rental of Space

Category/
Type

Office Sought:

☒

House

State: FL

House

☐

Senate

☐

President

District: 25

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Jose Garcia

Calendar Year-To-Date Per Election
for Office Sought

2010.00

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

430.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

1256.40